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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/041,802	10/29/2001	Berthold Kramm	P-8916.00	3132
27581	7590	03/09/2005		
MEDTRONIC, INC. 710 MEDTRONIC PARKWAY NE MS-LC340 MINNEAPOLIS, MN 55432-5604				EXAMINER KENNEDY, SHARON E
				ART UNIT 3762 PAPER NUMBER

DATE MAILED: 03/09/2005

Please find below and/or attached an Office communication concerning this application or proceeding.

Sov

Interview Summary	Application No.	Applicant(s)
	10/041,802	KRAMM ET AL.
	Examiner Sharon Kennedy	Art Unit 3762

All participants (applicant, applicant's representative, PTO personnel):

(1) Sharon Kennedy.

(3) _____.

(2) Danial Chapik.

(4) _____.

Date of Interview: 07 March 2005.

Type: a) Telephonic b) Video Conference
c) Personal [copy given to: 1) applicant 2) applicant's representative]

Exhibit shown or demonstration conducted: d) Yes e) No.
If Yes, brief description: _____.

Claim(s) discussed: 12 and 17.

Identification of prior art discussed: N/A.

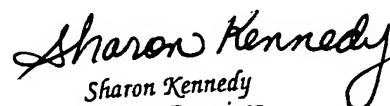
Agreement with respect to the claims f) was reached. g) was not reached. h) N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Clarified that 112, sixth paragraph not invoked because claim 12 recites "means of" which is not acceptable. "Means FOR" is strictly required. Claim 17 does not contain anything resembling a means + function recitation. Thus, the examiner is not limited to finding the embodiments set forth in the specification.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.


Sharon Kennedy

Primary Examiner

Examiner's signature, if required